200	1 UNIFURM BU	SINESS REPO	ORT (UB	<del>R)</del>		; ;	
DOCU  1. Entity Nar	IMENT # LOOC	000010483		·	-		
APPLIED LIGHTING CONCEPTS, LLC					FILED		
				01	JAN 24 AMII: 09		
	ce of Business ING BLVD., STE 101	Mailing Address 1717 BLANDING BLVD.	Mailing Address 1717 BLANDING BLVD STE 101 JACKSONVILLE FL 32210		SECOLIANA TO THE US		
	LE FL 32210				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Do	DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		67606	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Statu	s Desired 🖂 \$5.0	Additional equired	
-	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Addres	s of New Registered Agent		
FARHAT, DIANA'S				Netrie			
1721 BLANDING BLVD., STE 102 JACKOSNVILLE FL 32210			Street	Street Address (P.O. Box Number is Not Acceptable)			
0.101100			City		FL Zip	o Code	
8. The above	named entity submits this statement	for the purpose of changing its	registered office of	registered agent, or both, in the	State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signs	ire required when reinstating)	DATE	·	
			AU(III) EE = 10			•	
		l l	OW!!! FEE IS ayable to Depar	i i			
9. TITLE	MANAGING MEN	IBERS/MEMBERS	10.	DO-C-S-	DDITIONS/CHANGES		
NAME -		☐ Delete	TITLE NAME	PRESIDENT TOM SWIFT 1717 BUNDING BU	☐ Ch	ange Addition 00/11)	
STREET ADDRESS			STREET ADDRESS	1717 BLANDING BW	1=101	33	
CITY-ST-ZIP			CITY-ST-ZIP	JACKENVILLE, IZ 3	2210		
TITLE NAME		☐ Delete	, TITLE NAME	VICEPRESIDENT	☐ Ch	ange Addition 3	
STREET ADDRESS			STREET ADDRESS	MARK NIEHOOR 1717 BLANDING_BI	JD #101		
CITY-ST-ZIP	· ·		CITY-ST-ZIP	JACKSCHULLE FZ	32210		
TITLE		☐ Delete	TITLE		☐ Ch	ange Addition	
NAME Street address	,		NAME STREET ADDRESS	400	10035757;	141	
CITY-ST-ZIP			CITY-ST-ZIP	•	-01/26/010101	.4001 •***50_00	
TITLE	*	☐ Delete	TITLE		<del>- *****&gt;∪.∪∪ **</del> □ Ch		
name Street address			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE	•	☐ Delete	TITLE		□ Cha	ange	
NAME			NAME	la d		go //contou	
STREET ADDRESS City-st-21p			STREET ADDRESS CITY-ST-ZIP	יוע		·	
TITLE		□ Delete	TITLE		☐ Cha	ange 🔲 Addition	
NAME .	•	_ Dolete	NAME			inge Li vontion	
STREET ADDRESS	•		STREET ADDRESS		٠		
OTY-ST-ZIP	ortification the information	Ale Aleia Cilina di Company	CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and acqurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNAT	URE: WWW A	rum ARKOM.	EXDOR-1	P 1-16-6	1 904-388-95	62	
	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MAN	IAGER, OR AUTHORIZED	IEPRESENTATIVE Date	Daytime Pho	ne #	